



MITRAL.1CP11

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Jonathan J. Langberg et al.
Appl. No. : 09/909,101
Filed : July 19, 2001
For : TRANSLUMINAL MITRAL
ANNULOPLASTY
Examiner : Urmi Chattopadhyay

Group Art Unit: 3738

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TECHNOLOGY CENTER R3700

AMENDMENT

United States Patent and Trademark Office
P.O. Box 2327
Arlington, VA 22202

Dear Sir:

In response to the Office Action mailed January 2, 2003, please amend the application as follows.

05/26/2003 WABDELRI 000000097 09909101	774.00 0P
01 FC:1202	
05/26/2003 WABDELRI 000000097 09909101	410.00 0P
02 FC:1252	

3738

PATENT

Case Docket No. MITRAL.1CP1D1

Date: May 23, 2003

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 Examiner : Urmi Chattopadhyay
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I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

May 23, 2003

(Date)

Jeremy P. Sanders, Reg. No. 47,916

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

An extension of time to respond for 2 months is hereby requested.

Time Extension Fee:

- | | | |
|-------------------------------------|--------------|----------------------|
| <input type="radio"/> | one month | (\$110 large entity) |
| <input checked="" type="checkbox"/> | two months | (\$410 large entity) |
| <input type="radio"/> | three months | (\$930 large entity) |

The fee has been calculated as shown below:

CLAIMS AS FILED

CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
Total Claims 65 — 22		= 43 × \$18		= \$774
Independent Claims 2 — 3		= 0 × \$84		= \$0

If application has been amended to contain multiple dependent claim(s), then add **\$280** = **\$0**

Time Extension Fee **\$410**

**TOTAL ADDITIONAL FEE
FOR THIS AMENDMENT \$ 1184**

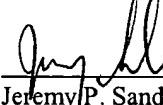
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- (X) Return prepaid postcard.
- (X) A check in the amount of \$1184 is enclosed.
- (X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.
- (X) Please use Customer No. 20,995 for the correspondence address.



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